**Diversity is where it starts, belonging completes the cycle. How inclusion when setting the agenda combines with diverse voices at the decision-making table to advance health equity. Featuring Dr. Garfield Clunie & Dr. Michelle Leak.**

Dr. Garfield Clunie (NYU Langone) works on the frontline of maternal child health in New York City, where recent policies to standardize treatments are part of efforts to replace outdated race-based decision-making with more equitable care. This insightful conversation, hosted by Dr. Michelle Leak (Mayo Clinic, Florida), covers several discussion areas. Firstly, the importance of the concept of belonging, which Dr. Clunie believes is at least equal to the more commonly referenced trio of DEI. Secondly, addressing the need for patients to receive care from people who look like them, and the challenges in increasing diversity in the healthcare workforce. This includes proactive policies such as resourcing mentorship appropriately so that it is not an additional unrewarded burden to health equity leaders.

Dr. Clunie and Dr. Leak also discuss aspects of the Movement is Life annual Caucus experience, and some suggested health equity reads. With host Michelle Leak, DEd, MBA, FACHE, Mayo Clinic, Member, Board of Directors, Movement is Life; and Associate Professor of Obstetrics and Gynecology, Division of Maternal-Fetal Medicine Vice-Chair, Diversity, Equity and Inclusion, NYU Grossman School of Medicine/NYU Langone Health, & the 123rd President of the National Medical Association. © Movement is Life 2022-2023.

Dr. Michelle Leak: Welcome to our latest episode of the Health Disparities Podcast, where we regularly explore issues around inequities and disparities in healthcare. And of course, this podcast is brought to you by Movement Is Life. We are recording this episode at our annual caucus in Washington, DC where nearly 300 health equity advocates and health equity leaders have come together to brainstorm and come up with solutions to help move the needle in terms of achieving health equity. I'm Michelle Leak, and I'm a member of the Movement Is Life Board of Directors. And for my day job, I am a healthcare administrator in operations at Mayo Clinic in Florida. And joining me today is Dr. Garfield Clunie, whose plenary talk today is titled, "*Advocating to Increase Diversity of Clinicians at the Decision-Making Table*". And the description of Dr. Clunie's talk is that it will take strong and active leadership to demonstrate an institutional commitment to diversity, to address the unique needs of a diverse population, and that having diverse voices throughout the healthcare profession is critical to the decisions that are made on access to care by underrepresented minorities. Now, Dr. Clunie is an associate professor of Obstetrics and Gynecology in the division of Maternal Fetal Medicine. He's also the Vice Chair of Diversity Equity Inclusion at the New York University Grossman School of Medicine and the New York University Langone Health. Dr. Clunie also is the 23rd president of the National Medical Association. So welcome Dr. Clunie. It is a great pleasure to have you with me this morning to continue the discussion on the importance of having people of color at the decision-making table. So, Dr. Clunie, you've just gave this wonderful talk, and it was totally fascinating. I think our audience was just totally engaged, had great questions, and we learned a lot from you and from the audience. So, could you

share with our listeners to the podcast some of the key points and take-home messages that you talked about this morning?

Dr. Garfield Clunie: Great, thank you. Thanks again for having me. Probably the main take home message was that diversity is very important in all realms of our life. It is important in business, it's important in medicine, it's important in healthcare. It's very important to have all different minds and all lived experiences to come to the table to create solutions that will be beneficial to all.

Dr. Michelle Leak: I'm forgetting now how you framed it, but you talked a little bit about this analogy with dancing in terms of really being at the table and could you just share that with our audience because I thought that was pretty brilliant.

Dr. Garfield Clunie: So unfortunately, I can't take credit for it, but when it comes to diversity, equity, inclusion, and also belonging, I personally think that the set belonging is the most important. And diversity is like being asked to attend the party. Inclusion is being asked to dance at the party. Equity is how much space do I have around here to dance? Do I have the same space that everyone else has? But belonging is where can I be involved in the planning or being involved in the planning of the party and what kind of music is there. And so, you're completely immersed with the other participants in whatever it is, so that your input is equal to everyone else's input.

Dr. Michelle Leak: Absolutely. And being at that table to help make the decisions and plan, and then to go out into the community as a representative of your organization with your diversity, inclusion and equity hat on that's quite a significant opportunity and quite a significant commitment of time and effort and energy. And I know we talked a little bit about how that plays out in terms of how that's recognized and rewarded in terms of academic promotion. So, if you could share a little bit more with us on that, that would be terrific.

Dr. Garfield Clunie: Yeah, there's been a lot of discussion about that. As a black person, and I'm not unique, a lot of black and brown people feel the same way, that we have an obligation to help the younger folks in our community who are coming up to help them have an easier pathway than we do. And so, we participate in many community affairs, we participate in mentoring events, we participate in all these types of things. However, as a clinician at an academic center, there are certain requirements that you have to meet in order to get promoted in your career. And so, sometimes these outside opportunities such as mentoring and so on, can interfere because, you know, they're only 24 hours in a day. And I am a strong believer, and I think this is something that is sort of coming into favor now, is that this work of mentorship should be rewarded similarly actually to your work as a mentor, for instance, as a researcher who mentors another researcher to publish a paper. They're excited about their topic, they're excited about the paper they're publishing, but we're also excited about motivating younger students. We're excited about motivating them to take on whatever career it is they want. And I think we should definitely all get credit for that kind of effort.

Dr. Michelle Leak: Absolutely. Absolutely. So, let's stay with that a little bit and talk a little bit about how to get more clinicians of color into the pipeline and through medical

school and then pursuing that first appointment after residency, if you will. So, in terms of what I am thinking, what's been your experience in terms of how organizations now are leaning in and really trying to ensure that they have a diverse applicant pool? Certainly, applying to medical school and then once finished medical school that they have opportunities for residency and to go on staff, particularly in light of the likely outcome of the current Supreme Court deliberations over Affirmative Action.

Dr. Garfield Clunie: I think that to try to increase the pipeline of black students going into medicine, for instance, the National Medical Association has partnered with the American Association of Medical Colleges to go back to, or should I say, reach out to students much earlier than college to start in high school and, in some cases, junior high school because I think that you have to get students to understand the benefits of education, but you also have to motivate them to choose a career that they think they would enjoy going into. And again, with the phenomenon of you can't be what you can't see, if you are in an area where many people have not gone on to college or many people that don't have professional careers, and we have to be real, that is, that is part of our national framework, you know, we as a professional organization have an obligation to go into the community and expose these children as much as we can. Also, we have to assist them with finances to get, you know, applications cost money, and sometimes parents are just, you know, at the end of the month, you know, they're just barely meeting the ends. And so, it's kind of tough. I think that one of the key things that we came out with, we had a big summit on Black males in medicine with the AAMC, and I think one of the key things we came out with, which was very simple when someone said it was that we also need to invite those young people to give their opinion into this committee, because we are looking at it from our lens, but let's look at it from their lens and what they think is important and that's sort of the next step we're going to take. But once you have students that are engaged in the career of medicine, it is again our obligation to mentor them through this process. We've all had mentors that helped us through, and we have an obligation to do the same and, also once you get into your desired specialty and start your career, look to those senior physicians there that look like you and are interested in you. We all know that there's some that are not, may not be, but you do have, there are many that are interested in your wellbeing, and you have to look to those people for advice and mentorship.

Dr. Michelle Leak: Absolutely. And I think with some of the data and information that we've heard in terms of this Affirmative Action decision that, you know, this has continued to come up over and over again and be discussed and decided upon at the Supreme Court and to date the Supreme Court has affirmed the need and the value for the Affirmative Action, but who knows what's going to happen between now and July when they have their final decision out. But I think the bottom line is that the data shows that having opportunity for students of color to first of all they're highly qualified. So, it's not about, they're not qualified and they're just getting into medical school because of the color of their skin. The

people that apply to medical school and get in medical school at the top of the heap in whatever academic performance they have had up until that point, whether it be in high school and college, etcetera, and on the MCAT scores, etcetera, etcetera, etcetera, top tier, very, very top. So, it's not even about that, but there has to be some provision and I think that the data is showing that it's not to the disadvantage of any other, the students of color like Asian students or even white students. Once everything is said and done, everything is nobody's been given extra privilege or extra access, if you will, because of the color of their skin. And maybe I didn't state that quite exactly right, but I think you might get the sentiment of what I'm sharing here.

Dr. Garfield Clunie: Sure, I think that you know, the way we think the Supreme Court is going to go with Affirmative Action is feeling very disappointing. I agree with you. I know that as a black male coming up in medicine, I had to pass all the same exams, excel in all the same areas, but I didn't have opportunities like taking a year off to go and, you know, study in France or, you know, taking time to go and, you know, study art or do something else. I was sort of laser focused on getting to my career and also my family didn't have those kinds of resources. And so, all of that, all of these, what we call extracurricular activities are finding their way into the medical application and even residency application. And so, I think with Affirmative Action, right, it's not trying to get anyone else ahead of someone who would be there, but it's about leveling the playing field. And I think that's extremely important, and I hope that the Supreme Court will understand that leveling the playing field is what this is all about.

Dr. Michelle Leak: Very well said. I think the other thing that's striking is that students that spoke in support of maintaining Affirmative Action of students of color, Asian students, etcetera, etcetera, commented on the value that diversity is bringing to their educational experience. And it dovetails exactly with what you talked about today in terms of, you knew you had this list of different dimensions of diversity, right? And when you bring all that together, all of the benefits that brings to an organization, to patients, financial and non-financial benefit, quality of care, quality of decision making, quality of leadership. So, if you could just share a little bit more of that with the audience.

Dr. Garfield Clunie: I think you pretty much said it all, but you're exactly right. Diversity feeds into all these things to make you know, to make things better. But I did want to go back a little bit and say that you know, when it comes to this application process and getting through an Affirmative Action, so on, you know, I think in the medical career, actually, they've realized that doing extracurricular activities or your pathway to get to medicine should be accounted for and sound that now there's something called a holistic application. And this is a transition from the, you know, you have to have an X grade on a USMLE, you have to have X on that, or else you're out. Because again, not everyone has the same background or pathway, but they have the same perseverance and they have the same, they have to pass the same exams. They have to, you know, maintain the same standards. And so, I think that, again, you know, with Affirmative Action, it's going

to be a shame to see it go away, if it does, hopefully it won't, because that will just upset the landscape once again.

Dr. Michelle Leak: Absolutely. So, Dr. Clunie, I'm going to segue a little bit and talk a little bit more specifically about you. I know that your special interests include prenatal diagnosis of fetal abnormalities or anomalities and diabetes in pregnancy and fetal growth restriction. And so, my question is to what extent are we making progress in the field of maternal and fetal health, particularly for African Americans? It seems like the news we hear about tends to be bad news.

Dr. Garfield Clunie: Well, yeah, unfortunately, you know, as the United States, being a developed country and having the worst maternal mortality rate of developing countries it's really mind boggling.

Dr. Michelle Leak: The worst.

Dr. Garfield Clunie: Yeah. The worst. It is for a country with so much money, but again I think that, you know, education on biases and racism and so on is very important because we have to treat everyone the same. And I think in terms of my field, in maternal fetal medicine, specifically, what we've moved to know to sort of eliminate those biases that can occur in medicine that can affect outcomes is trying to standardize care as much as possible. Every patient is an individual. There's no recipe for taking care of a patient. One patient with hypertension is not the same as another patient with hypertension. But sure enough, if your high blood pressure reaches a certain number, you need to be treated. If you are having a certain pain threshold, you need to be treated. But it's unfortunate that we've in medicine have adopted different thoughts on different patients and different races and ethnicities on how we should treat them based on that. I think that in New York City, they're making a very strong push to try to actually take race out of algorithms that we use to take care of patients. So, for instance, when it comes to the kidney functioning, race is a factor. When it comes to pulmonary function testing, race is a factor. And as we all know from the human genome project, we're 99.9% the same. I think that environment has a lot to do with outcomes, and that leaks over to the social determinants of health. But I think that using race or ethnicity to determine a treatment pathway is absolutely the wrong way to go. And I think in maternal child health, there's a huge recognition, first of all, of the maternal mortality rate in this country. There's huge recognition of the disproportionate deaths of black women in this country. And we often hear that black women are three to four times more likely to die from childbirth than white women, but that's also area dependent, because if you go to some areas in New York City like Brooklyn, the data shows that they're eight times more likely. And so, we really have to move the needle on this issue. There's no excuse for this to be happening in 2022. And I think that the American College of OB/GYN and the other associations have really made a commitment to try to standardize care and treat everyone the same despite what your race or ethnicity might be.

Dr. Michelle Leak: Very good. Thank you for sharing that. You know, I think one of the questions from the audience earlier this morning, during your talk, ties in with that, and they were talking about a national scorecard, if you will. So, I'm

wondering if you could just elaborate that on a little bit more and share that sort of dialogue or question conversation with our podcast audience.

Dr. Garfield Clunie: Yeah. It's a complicated question because what we are trying to do is, again, make diversity universal, make people, make everyone understand what diversity brings to the proverbial table, but it's hard to get data and without data, it's hard to know where to put the programs and what to do without having information. And so, there are lots of challenges across the nation as we try to access data and get data, but I have many colleagues who are in leadership in the C-suite areas that are in diversity. And what they've had to do sometimes is start from the beginning and start with employee surveys and start looking at what the hospital actually does in terms of collecting data, because sometimes if no one's monitoring it, you know, and it's not done correctly, then the data is no good. And so, we definitely need that information to help us know where the holes are in terms of diversity in our country and in the areas in medicine.

Dr. Michelle Leak: Absolutely. And, you know, I think Verona Brewton, our founder of Movement Is Life said yesterday, and I thought it was just point on, she said, we will not achieve health equity until we eliminate health disparities. Right. And that just really resonates with me, and I think sometimes people equate health disparities and health equity and use those terms interchangeably. Right.

Dr. Garfield Clunie: But they're different.

Dr. Michelle Leak: So, could you just comment a bit on that difference?

Dr. Garfield Clunie: Yeah. So, disparities are in terms of, you know, patient outcomes, what happens. What are the outcomes in terms of, you know, prostate cancer for different races and ethnicities, what are the outcomes for a cardiovascular disease? But equity is, what is the access or the fairness or the justice that these folks have in terms of getting to the care. And so, we may say that you know, black women, white women actually get breast cancer more, but black women die more often of breast cancer. That's a fact, but then you have to tease that apart and say, okay, why is that happening? And when you tease away all the data, you realize that sometimes areas that care is given are not in locations where these patients are. And you know, if you have to travel a long distance and pay a lot of money to access care, it's going to be very difficult, especially if you may have a family. You know, there are other things to consider in terms of your life and your everyday life, rather, and sometimes we all do it, we put our health to the side and charge on with our lives, but we have to look at this equity part because without that we're not going to eliminate disparities.

Dr. Michelle Leak: Yes. And so, in terms of sort of which comes first, you eliminate health disparities and if you're able to do that, then you achieve health equity? Or is it the other way around?

Dr. Garfield Clunie: In my opinion, I think it's the other way around.

Dr. Michelle Leak: Okay.

Dr. Garfield Clunie: You have to be fair, and everyone has to have the same opportunities and the same access. And then we can say, okay, everyone has the same access. There are no barriers. Then the outcomes should be the same. There

shouldn't be any difference. And so, we're 13% of the population, so, or black people are 13% of the population. So, outcomes should fall somewhere in that vicinity, you know, representation should fall somewhere in that vicinity. That's the way I think about it.

Dr. Michelle Leak: Well, thank you for that clarity. I was very interested from the session this morning, you focused on how to be at the table once you get to the table. So, once you get through the door and you're practicing and you are a clinician of color black and brown clinicians, and then you get a seat at the table. So, how do you be at that table, right? How do you lend your voice so that your voice is heard, and you can help shape the conversation and inform decisions about access to care and outcomes for underrepresented patients?

Dr. Garfield Clunie: Well, I think, you know, that's the point. We all have a different lived experience, and we all have something to bring to the table. And so, it's very important that once you have that opportunity to sit at a table to make decisions about what's going to happen in healthcare, to make decisions on what's going to happen in insurance reimbursements or any part of healthcare that you lend your voice because your lived experience is going to be important for others to hear. And that's going to help to frame the solution. It's not going to dictate or navigate the solution, but it does help to frame the solution so that the solution is applicable to a wide range of people.

Dr. Michelle Leak: Absolutely. And I know from my own experience, I sort of learned that the hard way. I'm an administrator in healthcare, and I've been at the same organization for nearly 27 years now. And it was a journey, but I must say that I was embraced and supported. And obviously I've been very happy there because I'm still there and very committed. And I have learned though, that you really do have to, as you shared with us this morning, know your audience, and you have to be able to share your voice in a way that can be heard. And so often because people like me can tend to be very direct, right, you can get labeled and then that way it sort of shuts people down. So, how can you say what needs to be said in a way that can be heard? And I think a key word that you shared this morning was diplomacy. And particularly in this space where we're talking about diversity and how important it is and inclusion.

Dr. Garfield Clunie: Well, I think that you can share your information and be very direct without being offensive, without offending anyone. Once again, you know, everyone you know does have something to contribute to the table. And as you stated, I learned as chair of the board for an organization for the National Medical Association that there are a lot of voices to take into consideration. And some of those voices may be a little off target and some voices you have to sort of reign in, but also, you know, working with everyone and also lending your voice will definitely help frame the conversation so that the outcome will be beneficial for all.

Dr. Michelle Leak: Absolutely. And Dr. Clunie, you also brought out the data in terms of some of the research that's been done that shows the absolute concordance with patients of color being cared for and taken care of by clinicians of color and that

the patient outcomes are better and that there's no dispute of that. So, if you could share a little bit more about that, especially in the context that over time the number of black physicians particularly has decreased. And so, that gap is widening between the black population and the number of clinicians of color that are in the profession to take care of them.

Dr. Garfield Clunie: As a physician working at different health centers, I realize that patients need to feel comfortable with the location where they're receiving their care. And while, as I stated in my talk, race concordance when it comes to outcomes in care has been strongly associated, however, diversity is probably more important showing that everyone is here contributing to your care. And when you see other people that have had your lived experience, they don't necessarily have to be exactly your same color, but when you see people that have your lived experience and understand the challenges that you may have with following up with your medical care.

Dr. Michelle Leak: You know, when people of the same ethnicity and background they have a shared experience and it's that shared experience that adds to that patient/physician relationship. Right?

Dr. Garfield Clunie: Right. That's absolutely true. And and again as I mentioned during my talk, I think that what's also very important is cultural competency and cultural humility, because again, we don't all have to come from the same place and we don't have to all have to take care of or be seen by people that look like us, but at minimum we should have people who have experience with what our cultural beliefs are. And that will go a long way in terms of compliance and outcomes in the medical career.

Dr. Michelle Leak: Absolutely. And that speaks to why it's so important to have that diversity, the diversity of a healthcare team, and particularly with the physician that leads that team. So, as I was looking at the data in terms of the population and the number of black physicians, men and women, and that sort of flat line, if you will, if not decline. And I was wondering to what extent was that impacted by the pandemic as we've seen a great migration in the workforce out of healthcare. And I'm wondering to what extent we've seen that migration among black clinicians. I don't know if you've seen any data that you could speak to that on.

Dr. Garfield Clunie: Because of my involvement with the National Medical Association, I have a network of colleagues from across the country, and I have to say when it came to COVID 19, we didn't run away, we ran to it because we realized very quickly that people from the underserved communities from black and brown communities were disproportionately affected by what was going on with COVID 19. And so, we ran to that epidemic that pandemic rather, to see how we could help black and brown people understand that if they're having symptoms, if anything is going on, you need to come in and be seen. But also practices like hand washing, extremely important isolating yourself is extremely important if you're not feeling well. And again, I talk a lot about the National Medical Association, which is an association of black physicians being the trusted messengers for the black community. Again, seeing someone look like you tell

you about healthcare and the preventative things you can do to keep yourself healthy is very important.

Dr. Michelle Leak: Absolutely. And that reminds me of some work that physicians in my organization did during the pandemic in terms of going out into the community and educating community leaders.

Dr. Garfield Clunie: Yes.

Dr. Michelle Leak: Right. And these were black physicians that went out and did that.

Dr. Garfield Clunie: Right. Right.

Dr. Michelle Leak: And so, I love that didn't run away. You ran towards that.

Dr. Garfield Clunie: Yes.

Dr. Michelle Leak: This community that we serve?

Dr. Garfield Clunie: Yes.

Dr. Michelle Leak: So that's beautiful.

Dr. Garfield Clunie: Absolutely.

Dr. Michelle Leak: So, the other thing that sort of ties to that in terms of organization's commitment, you spoke this morning in terms of what happened a couple summers ago with Floyd and how that sort of galvanized both a bit. And I'm wondering if you could just elaborate on that a little bit, because that in some ways was a call to arms, a call to action. And so please, I'd love to hear further from you on that.

Dr. Garfield Clunie: Yeah. When the unfortunate murder of George Floyd happened, I think the black community had to stand up and say that our interactions with law enforcement or the interaction with law enforcement has been disproportionately against black people. And then, we sort of realized that when we look at all of our lives, when it comes to healthcare, why is it that in our communities we don't have clinics to go to, sometimes we don't have proper supermarkets where we can get fresh foods and vegetables to keep ourselves healthy. And so, it really started a, what we call a social justice movement to sort of look at what is happening in our communities and how we can improve what is happening because eventually this will all affect all our lives.

Dr. Michelle Leak: Absolutely. And Dr. Clunie, I'm reflecting back on your talk as well, and I think you did such a brilliant job of tying Movement Is Life framework towards awareness, education, and behavioral change that framework and applying that to diversity in organizations. So, if you could just talk a little bit more about that.

Dr. Garfield Clunie: Sure, sure. I think in terms of education, you have to look back and see what the history of medicine has been, which I've talked about in terms of black physicians' entry into medicine has really been flat for decades. And we're trying to get to the bottom of what this is, but we think that probably there needs to be more engagement early in the educational system and also more face-to-face interactions. As they say, you can't be what you can't see, and in 2022, we have to eliminate that. And in terms of education, I think we need to educate ourselves on our own biases and about how inclusion and belonging is extremely important. And it's very important when it comes to patient outcomes. And the data has shown this completely that when you have everyone at the table, again,

the solutions that we come up with involve everyone's lived experience. And so, that translates to the patients and translates to better outcomes for the patients.

Dr. Michelle Leak: Excellent. What do you particularly like about the Movement Is Life Caucus?

Dr. Garfield Clunie: The thing I think I like most about the Caucus is that, and I talk about this with the National Medical Association as well, is we have to get to the grassroots to make change, and I love, and I apologize, I don't remember the name of the program.

Dr. Michelle Leak: Operation Change.

Dr. Garfield Clunie: Operation Change, exactly. You go right into the community, and you help patients understand what is necessary to do to improve their care and eventually improve their lifestyle. And I think that's wonderful because I think growing up some of us don't get that education from our families and friends, and sometimes it takes an adulthood for us to understand how obesity affects our life, how hypertension affects our life, how diabetes affects our life. And I really think it's great that Movement Is Life goes into the community and does that work.

Dr. Michelle Leak: Wonderful. Thank you. What has been your best health equity read that you would recommend?

Dr. Garfield Clunie: So, there's a book called, "*Equity*", actually, and it's an excellent book because she talks about her family and her parents being immigrants to this country and the challenges they're faced, but also how they overcame those challenges and how they became successful members of this society. And she weaves in how the history of America and racism and everything else affects outcomes and affects what happens within our lives, but we also have to use those to strengthen us to do better and change, change your sort of projected outcome. And so, I think it's a great, great read and it's really helping me with my position as vice chair for diversity at NYU. So, another interesting read that I had over the last several months is called, "*The Death Gap*," by David Ansel, I think it is. And the cover starts with I think it's how inequity kills and that was a very powerful statement to me because as I talked about before, equity is really the, I think one of the biggest things we have to achieve in order to improve outcomes. And he talks about his experiences with patients, and one in particular was a black woman that he took care of through many phases of her life, even after she had a stroke and their relationship. And it was just an excellent book that showed how as a physician you have an obligation not just to go in there and see the panel of patients and keep going, but to really bond and educate a patient and get them to understand about their care and why they need to take care of themselves. It was really a great book.

Dr. Michelle Leak: Very good. Thank you. And then one other short question, short answer question, can you tell us about a health equity champion that you particularly admire that we might want to invite to be a guest on the podcast in the future?

Dr. Garfield Clunie: Yes, there's a, she's now become a friend of mine, her name is Pam Abner and she's at Mount Sinai, and I met her several years ago at a National Medical Association meeting. And Pam has a human resources background. And

when Mount Sinai took the leap to move towards diversity, the importance of diversity, many years ago, she was at the forefront of that movement. And she has really taken Mount Sinai to be, she and Dr. Gary Butts have transformed Mount Sinai into the leader, the role model in New York City for what an institution should do to improve diversity. And that includes going into the community, creating student programs that come into medical schools to meet with the doctors, meet with the students, they support the medical students completely through their careers. They also have a program through the National Football League, where students who are affiliated with them, who don't quite make it to be athletes. they introduce them into the STEM programs. And so, give them another thing to think about in terms of career. I think it's been excellent. I think it was excellent. They've done a lot of also education for the staff in terms of bias, anti-racism, which has been really excellent.

Dr. Michelle Leak: Wonderful. Thank you so much for sharing that with our listeners. Dr. Clunie, in closing, could you share with our podcast audience a call to action that you suggest our listeners keep in mind as we look forward and go through 2023?

Dr. Garfield Clunie: Well, I think that the title of my talk was, "*Advocating to Increase Diversity of Clinicians at the Decision-Making Table*". And I would say a call to action is really, really about the word diversity, because diversity is where it starts. and I think we all have to look around our areas and look and see who we see. and also understand that diversity is not filling a quota or having a certain amount of people there or things like that. What diversity is about is bringing everyone around the table to make decisions that will affect all. Because again, if you are making decisions without understanding some of the cultural history or the challenges or the barriers that a certain group of people are having, then those decisions probably will not be the solution to the problem. And so, I strongly believe that having a diverse environment, whether it be in corporate or in healthcare, in medical school, in as you're coming up, that is necessary really to move in a way that we're having fairness for everyone across the country.

Dr. Michelle Leak: Well, I think that it's just about time to thank you and just, we learned so much during the podcast and wish we had more time. But we are so grateful for the time that you have shared with us to share your insights on our Health Disparities Podcast today. It's been a real pleasure and we hope to see you again in the future here on the podcast or at our Movement Is Life Caucus or both. And just a quick note to our listeners that you will be able to access videos of our plenary sessions on our website in the coming weeks at www.movementislifecaucus.com. And if you like the episode today, please do let your friends know and your colleagues about our Health Disparities Podcast. Until next time, I am Dr. Michelle Leak saying thank you for listening, and please be safe and well.

(End of recording)